

GRACIE DIXON CENTRE APPLICATION FOR A VOLUNTEER POSITION

We operate a number of services through the Gracie Dixon Centre. Please tick if you would prefer to volunteer within a particular service:

- | | |
|---|--|
| <input type="checkbox"/> Gracie Dixon Respite Days | <input type="checkbox"/> Gracie Dixon Dementia Café (monthly) |
| <input type="checkbox"/> Bargara Day Respite | <input type="checkbox"/> Happy to work with any |

Name:	Telephone:	
Address:	Date of birth: (optional)	
Occupation (current or previous):		
Interests, skills, hobbies:		
Languages spoken:		
Do you have your own transport? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever done volunteer work? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please give details:		
Organisations of which you are now a member:		
What type of volunteer work would you like to do?		
<input type="checkbox"/> with frail aged	<input type="checkbox"/> independent seniors	<input type="checkbox"/> administration
<input type="checkbox"/> with people with disabilities	<input type="checkbox"/> activities assistant	<input type="checkbox"/> cleaning
<input type="checkbox"/> community work	<input type="checkbox"/> kitchen activities	<input type="checkbox"/> driving
How much time can you give?	Weekly (hrs)	Monthly (hrs)

If you are interested in driving, please provide a copy of your driver licence and complete the details below:		
Licence No:	Class:	Years driving experience:
What interests you in volunteering at the Gracie Dixon Centre?		
Where did you hear about us?		
Please provide the name and address of two referees:		
1.		2.
I agree to a complete Criminal History screening <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is there anything else you would like to share with us?		
(Signed)	(Date)	

Thank you for taking the time to complete this application.